



228566

CLASS C REINSTATEMENT FORM

99-449T

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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MAR 13 2011

CLERK'S OFFICE

(*) DATE: 3-11-2011

Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number 6839
☐ Charter Certificate Number _____
☐ Charter Bus Certificate Number _____
☐ Non-Emergency Certificate Number _____

OFFICE OF REGULATORY STAFF
RECEIVED
MAR 14 2011

My certificate was revoked/cancelled on 10-16-09 because of failure
(DATE)
to provide proof of current insurance.

(*) I am seeking reinstatement because _____

Willie N. Rembert, Sr. DBA N/A
(Name of Company) (if applicable)

(*) North Side Cab
(Street Address)

(*) 947 unity Court Sumter SC
(Mailing Address if different from Street Address) 29156

(*) 106 Vining St 29150
(City, State, Zip Code)

(*) Willie N. Rembert Sr.
(Signature)

(*) Sumter SC 29150
(Telephone Number)
803-418-5333

(*) _____
(Title) Owner, President, etc.